

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8689**
Registrar's No. **952**

BIRTH NO. **FILED MAR 18 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 yrs		e. STREET ADDRESS (If rural, give location) 1319 West 44th	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Vets. Administration Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) CHRISTOPHER	b. (Middle) COLUMBUS	c. (Last) HARRIS	4. DATE OF DEATH (Month) (Day) (Year) February 28, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 14, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 WEEK Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe operator + OWNER	10b. KIND OF BUSINESS OR INDUSTRY HARRIS BARBACUE INDUSTRY food P.C.H.s.	11. BIRTHPLACE (City and State or Foreign Country) Doniphan, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Le Franier Harris	13b. MOTHER'S MAIDEN NAME Virginia Hancock	14. NAME OF HUSBAND OR WIFE Jennie Le Franier Harris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) WW I	16. SOCIAL SECURITY NO. 509163653	17. INFORMANT'S SIGNATURE OR NAME Files of the Veterans Administration ADDRESS Files of the Veterans Administration
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Celiac artery thrombosis and occlusion		22 months
	ANTECEDENT CAUSES DUE TO (b) Carcinoma of the prostate with generalized metastases DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			177x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **October 4, 1953**, to **February 28, 1954**, and that death occurred at **12:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard C. Schaffer, M.D. (Degree or title)	23b. ADDRESS VAH, Kansas City, Mo.	23c. DATE SIGNED 2-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR-3-1954	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 3-3-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE OK. Newcomer's Sons ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

X

Student.....
Signature of Student Embalmer

Signed *Basil J Honey*.....

Licensed Embalmer No. *472*

P. O. Address *Lashland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of licensé).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.